

# 2003 FOR PROFIT CORPORATION UNIFORM BUSINESS REPORT (UBR)

**FILED**  
**Aug 14, 2003 8:00 am**  
**Secretary of State**

08-14-2003 90075 004 \*\*\*550.00

0151666 FP

**DOCUMENT # P01000072196**

1. Entity Name  
**FB&I JANITORIAL CLEANING, INC.**



Principal Place of Business  
~~386 FORTH SMITH BLVD.~~ **324 COVENT GARDENS PLACE**  
DELTONA FL 32738 **DELTONA, FL 32725**

Mailing Address  
~~386 FORTH SMITH BLVD.~~ **324 COVENT GARDENS PLACE**  
DELTONA FL 32738 **DELTONA, FL 32725**



2. Principal Place of Business  
**324 COVENT GARDENS PLACE**

3. Mailing Address  
**324 COVENT GARDENS PLACE**

☐ CHECK HERE IF MAKING CHANGES

City & State  
**DELTONA, FL**

City & State  
**DELTONA, FL**

4. FEI Number **APPLIED FOR**  
**47-0911809**

Applied For ☐ Not Applicable

5. Certificate of Status Desired ☐ **\$8.75 Additional Fee Required**

Zip **32725** Country **USA** Zip **32725** Country **USA**

6. Name and Address of Current Registered Agent

**SISSON, LARRY**  
**218 SOUTHERN COUNTRY LN.**  
**QUINCY FL 32351**

7. Name and Address of New Registered Agent

Name

Street Address (P.O. Box Number is Not Acceptable)

City **FL** Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE \_\_\_\_\_ (NOTE: Registered Agent signature required when reinstating) DATE \_\_\_\_\_

**FILE NOW!!! FEE IS \$550.00**  
**After September 10, 2003 Fee will be \$750.00**  
**Make Check Payable to Florida Department of State**

9. Election Campaign Financing Trust Fund Contribution. ☐ **\$5.00 May Be Added to Fees**

10. OFFICERS AND DIRECTORS		11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 11	
TITLE NAME STREET ADDRESS CITY-ST-ZIP	DP BERNABE, FERDINAND <del>386 FORTH SMITH BLVD.</del> <b>324 COVENT GARDENS PLACE</b> DELTONA FL 32738 <b>DELTONA, FL 32725</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	V BERNABE, IRMA <del>386 FORTH SMITH BLVD.</del> <b>324 COVENT GARDENS PLACE</b> DELTONA FL 32738 <b>DELTONA, FL 32725</b>	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Delete	TITLE NAME STREET ADDRESS CITY-ST-ZIP	<input type="checkbox"/> Change <input type="checkbox"/> Addition
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12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: **SIGNATURE REQUIRED** **08-11-03** **President**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR Date Daytime Phone #

CR2E034 (4/03)